

A3-091539

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Dept.

DATE: 8/13/03

RETURN BY: 8/20/03

CATERER: X

NON-CATERER:

APPLICANT: **SIDELINES DELI**

APPLICANT'S ADDRESS: **1000 SAUNDERS AVE**

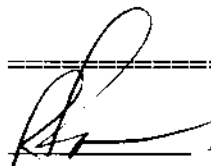
ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **BEER GARDEN IMMEDIATELY ADJ TO 1000 SAUNDERS AVE**

DATE(S) OF EVENT: **SEPTEMBER 5, 2003**

TIME(S) OF EVENT : **10:30 AM TO 1:00 AM**

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

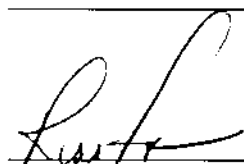


APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____



Signature

8-20-03

Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: AUGUST 25, 2003

(SDLRPT JER)

560

APPLICANT MUST COMPLETE
ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE
NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event.
- Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission.
- A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day.
- **LOCAL APPROVAL** must be included with this application.
- A Signed Statement from Local Police Chief or County Sheriff (question #12).
- **NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS.**

1. Type of Beverage(s) to be served:		
<input checked="" type="checkbox"/> Beer	<input type="checkbox"/> Wine	<input type="checkbox"/> Distilled Spirits
2. Status of the Applicant (check one)		
Municipal Corporation	Political Corporation	Fine Arts Museum
Religious Corporation	Charitable Corporation	<u>Retail Licensee</u>
Fraternal Corporation		Public Service Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license.		
Name: SIDELINES DELI		If licensee, give license # And Class (Example C/K) 59499 CLASS J
Address: 1000 SAUNDERS AVE		
City: LINCOLN	State: NE	
County: LANCASTER	County #: 2	Zip Code: 68521
4. Address or location of premises to be covered by license.		

Address: 1000 SAUNDERS AVE	
Building: SIDELINES DELI	
City: LINCOLN	County #: 2 Zip Code: 68521
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested. Note: Only visible text will print.	
BILL & DELLA LESOING PO BOX 80576 LINCOLN, NE 68501 CRAIG M CHESNUT & GERALD H BUETTNER, JR 517 ANTHONY LANE LINCOLN, NE 68520	
7. Please list the name and telephone number of the primary event supervisor , who will be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.	
Supervisor Name:	MARK A BROUILLETTE
Telephone Number:	402-435-1605/CEL730-2704
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)	
From:	(mm/dd/yy) 09/05/03
To:	(mm/dd/yy) 09/05/03
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER	
Alternate Date:	09/12/03
Alternate Location:	09/12/03
9. Time(s) of event (example: 8am to 1am, this is considered one day)	
FROM:	10:30 AM
TO:	1:00 A.m.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested. Note: Only visible text will print.	

THERE WILL BE A LIVE BAND OUTSIDE. THE RESTAURANT WILL BE OPEN AND WE WILL HAVE A FENCED OFF AREA WHERE WE WOULD LIKE TO HAVE A BEER GARDEN SERVING BOTTLED AND KEG BEER. THERE WILL BE AN ENTRANCE WHERE EVERYONE'S ID WILL BE CHECKED AND EVERYONE'S ID WILL BE CHECKED BY THE KEG. WE WILL USE EITHER A WRIST BAND OR STAMP TO DISTINGUISH BETWEEN MINORS AND THOSE WHO ARE LEGAL

11. Provide an estimated number of attendees at this event. 200 - 249

If the number of attendees is over 250, attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

13. List the number of SDL's that you have applied for at this specific location in the last six months. 0

14. Description of the premises:

☒ Inside Building

☐ Outdoor Area

Dimensions of area to be covered by license (in feet):

Length: 100' Width: 100'

If outdoor area, how will premises be separated from areas open to the general public?

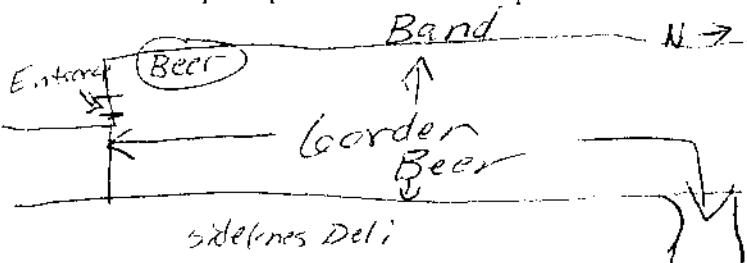
☒ Fence

☐ Tent

☐ Other (if other, please explain below)

Note: Only visible text will print

Please draw in space provided, where liquors will be sold and consumed.



15. Is the premises to be covered by the license located within the city/village limits?

☒ Yes

☐ No

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?

Yes

No

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

Note: Only visible text will print

Kar Z State
Double Eagle

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws?

☒ Yes
☐ No

19. Are there separate toilets for both men and women?

Yes
No

20. Other information or requests by the applicant:

Note: Only visible text will print

21. Will there be any games of chance operating during the event?
NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

Yes

No

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

Sign
Here

Authorized Representative/Applicant

Title

Date _____

**SPECIAL DESIGNATED LICENSE APPLICATION
SUPPLEMENTAL FORM**

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: Sidelines Deli Blues

Applicant and Sponsoring Organization or Person (if applicable): Mark A Brouillette
Sidelines Deli

Date of Event: 9-5-03 Time of Event: Evening 7-9

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 200-250 Number of persons under 21 expected:
50 Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol:

There will be security at the gate. Wrist bands will be
used to designate those over 21

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: Our
entire menu of sandwiches, breadsticks, wings, salads & pizza

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-
alcoholic beverages to be served: Pepsi products, H₂O

Please identify the beverages containing alcohol that will be served: ☒ Wine ☒ Beer
☐ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? Staff of Sidelines Deli

Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain:

PLEASE USE REVERSE TO PROVIDE A SITE PLAN
(This is mandatory)

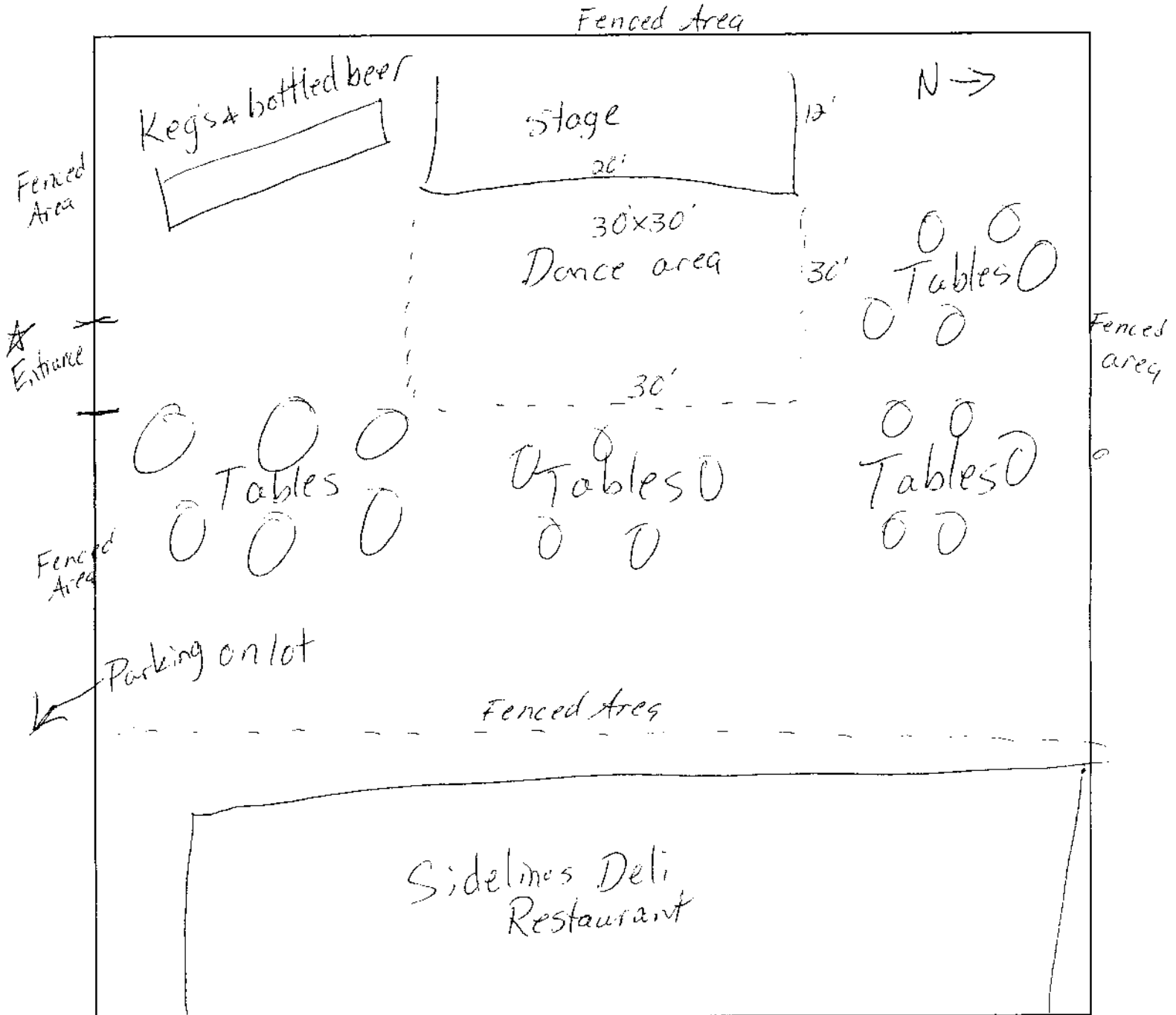
Mark A Brouillette
Applicant's Signature

9-5-03
Date

SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (8 x 8) 1 Entry & Exit
2. Size & location of tent(s) (heights, width, depth) - Tent will only cover the band
3. Size of area being used (120 x 120)
4. Location & type of cooking equipment (if used) - All cooking will be done inside Restaurant
5. Location of tables & chairs; If stage for band provided & dance area, show dimensions & site on drawing.
6. Height & type of Fencing to be used. - Fence will be 4 ft barrier fence - Snowfence



USE ABOVE BOX FOR YOUR DRAWING/ATTACH EXTRA PAGES IF NECESSARY